2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State
06-05-2000 90002 030 ***150.00

DOCUMENT # L55850

1. Entity Name
RAVEN Productions INC

Principal Place of Business
6511 SANTONA ST.
#17
CORAL Gables FL 33146

Mailing Address
6511 SANTONA ST
#17
CORAL Gables FL
33146

D0052771

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6511 SANTONA ST
Suite, Apt. #, etc.
#17
City & State
CORAL Gables FL
Zip 33146 Country USA

3. Mailing Address
6511 SANTONA ST
Suite, Apt. #, etc.
#17
City & State
CORAL Gables FL
Zip 33146 Country USA

4. FEI Number
65-0181289
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JARAMILLO, DARIO
6511 SANTONA ST.
#17
CORAL Gables FL 33146

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature required if printed name of registered agent and title 2 applicable. (NOTE: Registered Agent's signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS JARAMILLO, DARIO L. 6511 SANTONA ST #17 CORAL Gables FL 33146	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DPS 4/20/00 305 790 9254
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DARIO L. JARAMILLO